

## Foster Family Home - Corrective Action Report

Provider ID: 1-180046

Home Name: Love Joy Madrid, NA

Review ID: 1-180046-3

94-460 Awamoi Street

Reviewer: Angelica Galindo

Waipahu HI 96797

Begin Date: 5/3/2019

### Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 2 person CCFFH recertification made on 5/03/19. Corrective Action Report issued during home inspection with all items due to CTA by 6/03/19.

6.(d)(1) - see applicable sections of the review

### Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1) & 8.(a)(2) - No record of APS/CAN and 1st set of fingerprints for HHM#1 and HHM#2 in home folder.

### Foster Family Home Information Confidentiality [11-800-16]

16.(b)(2) Safeguard all confidential information about applicants and recipients of services;

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(2) - Client#1 and Client#2 charts and medications were not safeguarded. Both client charts were located underneath television on a shelf in living area and medications for both were up on a shelf in dining area.

16.(b)(5) - No record of Confidentiality policies and procedures training for HHM#1 and HHM#2 in home folder.

### Foster Family Home Personnel and Staffing [11-800-41]

41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

41.(g) The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.

Comment:

41.(c) - CG#1 missing 3 hours of in-service for 2018, only 9 hours in-service present in home folder.

41.(g) - No record of basic skills check for CG#5 in Client #1 chart.

## Foster Family Home - Corrective Action Report

### Foster Family Home

### Client Care and Services

[11-800-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(c)(3) - No record of RN delegations for CG#1, CG#2, CG#5 for blood sugar checks for Client #1.

### Foster Family Home

### Fire Safety

[11-800-46]

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

46.(a) - No record of fire drill conducted by CG#2 for 2018 in home folder.

### Foster Family Home

### Records

[11-800-54]

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

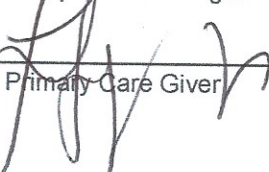
54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

Comment:

54.(c)(2) - No current service plan in client#1 chart to reflect person centered care, last done was upon admission 9/30/2018. CMA to fax most recent service plan.

54.(c)(6) - No record of 6 month(3/2019) reassessment in client #1 chart.

  
Compliance Manager

  
Primary Care Giver

5/03/19  
Date

5/3/19  
Date



Community Care Foster Family Home (CCFFH)  
Written Plan of Correction for Deficiencies  
Listed in Corrective Action Report  
Chapter 17-1454

CCFFH Name: Love Joy Madrid

CCFFH Address: 94-460 Awamoi St. Waipahu, HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8.(a)(1)	Criminal history record check was obtained for HHM#1 and HHM#2. Results was received. HHM#1 and HHM#2 received the green light determination.	5/7/19	Home will use a spreadsheet on laptop to identify when requirements are due 2 months before they expire to allow time to get them done before they are due.
8.(a)(2)	Adult protective service perpetrator checks was obtained for HHM#1 and HHM#2. Results was received. HHM#1 and HHM#2 received the green light determination.	5/7/19	Home will use a spreadsheet on laptop to identify when requirements are due 2 months before they are expire to allow time to get them done before they are due.
16.(b)(2)	Client's charts and medications was safeguarded and locked in the file room. Primary caregiver re-trained all caregivers how to safeguard client's charts and medications.	5/3/19	Home understands the importance of medication safety and HIPAA regulations. Primary caregiver will conduct monthly training for proper safeguarding charts and medication to all caregivers.

Primary Caregiver's Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date of Signature: \_\_\_\_\_

*Love Joy Madrid*  
Love Joy Madrid 5/31/19

Community Care Foster Family Home (CCFFH)  
Written Plan of Correction for Deficiencies  
Listed in Corrective Action Report  
Chapter 17-1454

CCFFH Name: Love Joy Madrid

CCFFH Address: 94-460 Awamoi St. Waipahu, HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
16.b.5	HHM#1 and HHM#2 was trained on confidentiality and signed the form. It was placed in the administrative binder.	5/3/19	In the future, all new household members will receive this training within 1 day of being added to the home.
41.c	CG#1 3 hours of in-service for 2018 form was obtained. It was placed in the administrative binder.	5/3/19	CG#1 is holding a precised daily schedule for filing and organizing the administrative binder. Home is using spreadsheet on laptop to identify what requirements are needed on each caregivers and household members.
41.g	Basic skills check for CG#5 was done by client's CMA and it was placed into Client #1's chart.	5/3/19	Home will notify client's CMA that basic skills check needs to be performed within 1-2 days of caregiver being added to the home. Home has developed a calendar in the front of the personnel binder with all due dates.

Primary Caregiver's Signature: 

Print Name: Love Joy Madrid

Date of Signature: 5/3/19



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CCFFH Name: Love Joy Madrid

CCFFH Address: 94-460 Awamoi St. Waipahu, HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
43.c.3	Records of RN delegations for CG#1 and CG#2 for blood sugar checks for Client#1 have been obtained from CMA. RN delegation was done for CG#5 for blood sugar checks for Client #1. It is placed into the client chart.	5/3/19	All caregivers are holding a precise daily schedule to make sure all RN delegations records are filed and organized properly on client's chart. Home will notify client's CMA that RN delegation needs to be performed within 1-2 days of caregiver being added to the home. Home has developed a calendar in the front of the personnel binder with all due dates.
46.a	Fire drill was done by CG#2. Form has been put into home binder.	5/3/19	Fire Drills will be done by each caregiver at least once a year and all different hours of the day. Home developed a schedule and has it posted on the refrigerator.

Primary Caregiver's Signature: \_\_\_\_\_

Print Name: Love Joy Madrid

Date of Signature: \_\_\_\_\_

5/3/19

Community Care Foster Family Home (CCFFH)  
Written Plan of Correction for Deficiencies  
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Chapter 17-1454

CCFFH Name: Love Joy Madrid

CCFFH Address: 94-460 Awamoi St. Waipahu, HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
54.c.2	Records of the current service plan reassessment in client #1 has been obtained by CMA and it was placed in client #1 chart.	5/3/19	Home understands that a client's service plan is important and should always be kept in the client's chart. All caregivers are holding a precised daily schedule to make sure service plan is reviewed and placed properly in clients chart.

Primary Caregiver's Signature: 

Print Name: Love Joy Madrid

Date of Signature: 5/3/19

Community Care Foster Family Home (CCFFH)  
Written Plan of Correction for Deficiencies  
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CCFFH Name: Love Joy Madrid

CCFFH Address: 94-460 Awamoi St. Waipahu, HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
54.c.6	Records of 6 months reassessment in client #1 has been obtained by CMA and it was placed in client #1 chart.	5/3/19	Home understands that a client's reassessment is important and should always be kept in the client's chart. All caregivers are holding a precised daily schedule to make sure reassesments records are scheduled every 6 months and placed properly in clients chart. Home is using a spreadsheet on a laptop to identify the schedles of next reassesments for each client.

Primary Caregiver's Signature: 

Print Name: Love Joy Madrid

Date of Signature: 5/31/19